U.S. Department of Housing and Urban Development Office of Public and Indian Housing

Small PHA Plan Update Annual Plan for Fiscal Year: April 01, 2001

RISING STAR HOUSING AUTHORITY

Rising Star, Texas

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan Agency Identification

PHA Name: Rising Star Housing Authority
PHA Number: TX170v01
PHA Fiscal Year Beginning: (mm/yyyy) 04/01/01
PHA Plan Contact Information: Name: Viann Melot Phone: 254/643-3812 TDD: Same Email (if available): rsha@txol.net
Public Access to Information Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)
Main administrative office of the PHA PHA development management offices
Display Locations For PHA Plans and Supporting Documents
The PHA Plans (including attachments) are available for public inspection at: (select all that apply)
Main administrative office of the PHA PHA development management offices Main administrative office of the local, county or State government Public library PHA website Other (list below)
PHA Plan Supporting Documents are available for inspection at: (select all that apply)
Main business office of the PHA PHA development management offices Other (list below)
PHA Programs Administered:
□ Public Housing and Section 8 □ Section 8 Only □ Public Housing Only

Annual PHA Plan Fiscal Year 2001

[24 CFR Part 903.7]

i. Table of Contents

Provide a table of contents for the Plan, including attachments, and a list of supporting documents available for public inspection. For Attachments, indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

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	PHA Response (must be attached if not included in PHA Plan text)			
	Other (List below, providing each attachment name)			

ii. Executive Summary

[24 CFR Part 903.7 9 (r)]

At PHA option, provide a brief overview of the information in the Annual Plan

The Rising Star Housing Authority is a provider of low cost homes

For those unable to find adequate or affordable housing, and we will assist residents in achieving selfsufficiency and upward mobility.

Our residents and others shall be treated with dignity and respect, and we will continually strive to improve the quality of life for all residents of the community.

We are dedicated to achieving our organizational objectives through the pride and commitment to excellence by the board of commissioners and staff.

Summary of Policy or Program Changes for the Upcoming Year

In this section, briefly describe changes in policies or programs discussed in last year's PHA Plan that are not covered in other sections of this Update.

The Rising Star Housing Authorities' plans, budget summary, and policies set forth in this Annual Plan all lead towards the accomplishment of our goals and objectives. They outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan.

2. Capital Improvement Needs

r24	CFR	Dort	002	7.0	(a)	1
1/4	L PK	Part	9111	/ 4	101	1

Exemptions: Section 8 only PHAs are not required to complete this component.

- A. \(\simeg\) Yes \(\simeg\) No: Is the PHA eligible to participate in the CFP in the fiscal year covered by this PHA Plan?
- B. What is the amount of the PHA's estimated or actual (if known) Capital Fund Program grant for the upcoming year? \$ 36,620.00_
- C. $\boxtimes Yes \square No$ Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete the rest of Component 7. If no, skip to next component.
- D. Capital Fund Program Grant Submissions

(1) Capital Fund Program 5-Year Action Plan

The Capital Fund Program 5-Year Action Plan is provided as Attachment C

(2) Capital Fund Program Annual Statement

The Capital Fund Program Annual Statement is provided as Attachment B

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OMB Approval No: 2577-0226 Expires: 03/31/2002

HUD 50075

3. Demolition and Disposition [24 CFR Part 903.7 9 (h)] Applicability: Section 8 only PHAs are not required to complete this section. 1. \square Yes \boxtimes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If "No", skip to next component; if "yes", complete one activity description for each development.) 2. Activity Description **Demolition/Disposition Activity Description** (Not including Activities Associated with HOPE VI or Conversion Activities) 1a. Development name: 1b. Development (project) number: 2. Activity type: Demolition Disposition 3. Application status (select one) Approved Submitted, pending approval Planned application 4. Date application approved, submitted, or planned for submission: (DD/MM/YY) 5. Number of units affected: 6. Coverage of action (select one) Part of the development Total development 7. Relocation resources (select all that apply) Section 8 for units Public housing for units Preference for admission to other public housing or section 8 units (describe below) Other housing for 8. Timeline for activity: a. Actual or projected start date of activity: b. Actual or projected start date of relocation activities: c. Projected end date of activity: 4. Voucher Homeownership Program [24 CFR Part 903.7 9 (k)] A. \square Yes \boxtimes No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982? (If "No", skip to next component; if "yes", describe each program using the table below (copy and

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complete questions for each program identified.)

HUD 50075 OMB Approval No: 2577-0226 Expires: 03/31/2002

B. Capacity of the PHA to Administer a Section 8 Homeownership Program
The PHA has demonstrated its capacity to administer the program by (select all that apply):
Establishing a minimum homeowner downpayment requirement of at least 3 percent and requiring that at least 1 percent of the downpayment comes from the family's resources
Requiring that financing for purchase of a home under its section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards
Demonstrating that it has or will acquire other relevant experience (list PHA experience, or any other organization to be involved and its experience, below):
5. Safety and Crime Prevention: PHDEP Plan
[24 CFR Part 903.7 (m)] Exemptions Section 8 Only PHAs may skip to the next component PHAs eligible for PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.
A. ☐ Yes ☑ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
B. What is the amount of the PHA's estimated or actual (if known) PHDEP grant for the upcoming year? \$
C. Yes No Does the PHA plan to participate in the PHDEP in the upcoming year? If yes, answer question D. If no, skip to next component.
D. Yes No: The PHDEP Plan is attached at Attachment
6. Other Information [24 CFR Part 903.7 9 (r)]
A. Resident Advisory Board (RAB) Recommendations and PHA Response
1. ■Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are Attached as Attachment (File name) E
3. In what manner did the PHA address those comments? (select all that apply)

	The PHA changed portions of the PHA Plan in response to comments A list of these changes is included
	Yes No: below or
	\boxtimes Yes \square No: at the end of the RAB Comments in Attachment \underline{F}
	Considered comments, but determined that no changes to the PHA Plan were necessary. An explanation of the PHA's consideration is included at the end of the RAB Comments in Attachment
	Other: (list below)
B. Statemen	t of Consistency with the Consolidated Plan
For each applica	ble Consolidated Plan, make the following statement (copy questions as many times as necessary).
1. Consolidat	ted Plan jurisdiction: (provide name here)
	State of Texas
	has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan sdiction: (select all that apply)
⊠	The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
	The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
	The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
	Activities to be undertaken by the PHA in the coming year are consistent with specific initiatives contained in the Consolidated Plan. (list such initiatives below)
	Other: (list below)
3. PHA Req	uests for support from the Consolidated Plan Agency
-	To: Does the PHA request financial or other support from the State or local government agency in order to meet the needs of its public housing residents or inventory? If yes, please list the 5 most important requests below:
	olidated Plan of the jurisdiction supports the PHA Plan with the following actions and itments: (describe below)

- A. Promote adequate and affordable housing
- B. Promote economic opportunity
- C. Promote a suitable living environment without discrimination.

C. Criteria for Substantial Deviation and Significant Amendments

1. Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

A. Substantial Deviation from the 5-year Plan:

No changes have been made to the 5-year Plan

B. Significant Amendment or Modification to the Annual Plan:

The Board has approved the Community Service Policy and the Pet Policy for families.

Attachment A Supporting Documents Available for Review

PHAs are to indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans				
X	State/Local Government Certification of Consistency with the Consolidated Plan (not required for this update)	5 Year and Annual Plans				
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans				
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction/s in which the PHA is located and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs				

List of Supporting Documents Available for Review						
Applicable	Supporting Document	Related Plan				
& On Display		Component				
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources				
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies				
N/A	Any policy governing occupancy of Police Officers in Public Housing check here if included in the public housing A&O Policy	Annual Plan: Eligibility, Selection, and Admissions Policies				
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies				
X	Public housing rent determination policies, including the method for setting public housing flat rents Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				
X	Schedule of flat rents offered at each public housing development Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination				
N/A	Section 8 rent determination (payment standard) policies check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination				
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance				
X	Results of latest binding Public Housing Assessment System (PHAS) Assessment	Annual Plan: Management and Operations				
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency				
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations				
N/A	Any required policies governing any Section 8 special housing types check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance				
X	Public housing grievance procedures Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures				
N/A	Section 8 informal review and hearing procedures check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures				

	List of Supporting Documents Available for Rev	iew		
Applicable & On Display	Supporting Document	Related Plan Component		
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for any active grant year	Annual Plan: Capital Needs		
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants	Annual Plan: Capital Needs		
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing	Annual Plan: Capital Needs		
N/A	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing §504 of the Rehabilitation Act and the Americans with Disabilities Act. See, PIH 99-52 (HA).	Annual Plan: Capital Needs		
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition		
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing		
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937	Annual Plan: Conversion of Public Housing		
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership		
N/A	Policies governing any Section 8 Homeownership program (sectionof the Section 8 Administrative Plan)	Annual Plan: Homeownership		
N/A	Cooperation agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies	Annual Plan: Community Service & Self-Sufficiency		
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency		
X	Section 3 documentation required by 24 CFR Part 135, Subpart E	Annual Plan: Community Service & Self-Sufficiency		
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency		
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report	Annual Plan: Safety and Crime Prevention		

List of Supporting Documents Available for Review						
Applicable & On Display	Supporting Document	Related Plan Component				
N/A	PHDEP-related documentation: Baseline law enforcement services for public housing developments assisted under the PHDEP plan; Consortium agreement/s between the PHAs participating in the consortium and a copy of the payment agreement between the consortium and HUD (applicable only to PHAs participating in a consortium as specified under 24 CFR 761.15); Partnership agreements (indicating specific leveraged support) with agencies/organizations providing funding, services or other in-kind resources for PHDEP-funded activities; Coordination with other law enforcement efforts; Written agreement(s) with local law enforcement agencies (receiving any PHDEP funds); and All crime statistics and other relevant data (including Part I and specified Part II crimes) that establish need for the public housing sites assisted under the PHDEP Plan.	Annual Plan: Safety and Crime Prevention				
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G) Check here if included in the public housing A & O Policy	Pet Policy				
N/A	The results of the most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit				
	Troubled PHAs: MOA/Recovery Plan Other supporting documents (optional) (list individually; use as many lines as necessary)	Troubled PHAs (specify as needed)				

Attachment B **Annual Statement/Performance and Evaluation Report** Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) P PHA Name: Rising Star Housing Authority Grant Type and Number TX21P17050201 Capital Fund Program: CFP Capital Fund Program Replacement Housing Factor Grant No: **⊠**Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement Performance and Evaluation Report for Period Ending: ☐ Final Performance and Evaluation Report Line **Summary by Development Account Total Estimated Cost** Total No. **Original Obligated** Revised Total non-CFP Funds 1406 Operations 3 1408 Management Improvements 4 1410 Administration 4.462.00 5 1411 Audit 1415 liquidated Damages 6 1430 Fees and Costs 8,493.00 8 1440 Site Acquisition 1450 Site Improvement 9 22,015.00 10 1460 Dwelling Structures 1,650.00 11 1465.1 Dwelling Equipment—Nonexpendable 1470 Nondwelling Structures 12 1475 Nondwelling Equipment 13 14 1485 Demolition 1490 Replacement Reserve 15 1492 Moving to Work Demonstration 16 1495.1 Relocation Costs 17 1498 Mod Used for Development 18 19 1502 Contingency Amount of Annual Grant: (sum of lines 2-19) 20 36,620.00 21 Amount of line 20 Related to LBP Activities 22 Amount of line 20 Related to Section 504 Compliance Amount of line 20 Related to Security 23 Amount of line 20 Related to Energy Conservation

Measures

Attachment B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Risin	g Star Housing Authority	Grant Type and Number Capital Fund Program #: TX21P17050201 Capital Fund Program Replacement Housing Factor #:				Federal FY of
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estir	Total Ac	
Name/HA-Wide Activities	cut-gentes			Original	Revised	Funds Obligated
TX170-001	Replace existing door locks with new	1460	14	1,050.00		
TX170-002	Replace existing sewer line with new PVC lines	1450	8	21,015.00		
	Replace existing door locks with new	1460	8	600.00		

Attachment B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part II: Supporting Pages

PHA Name: Risin	g Star Housing Authority	Grant Type and Nu	Federal FY of				
		Capital Fund Progr		50201			
		Capital Fund Progr					
D 1		Replacement Housing Factor #:					
Development Number	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Ac	
Name/HA-Wide				Original	Revised	Funds	
Activities				Original	Tto visca	Obligated	
TX170-HA	Provide funds for non technical help	1410		3,662.00			
	Provide funds for sundry items	1410		800.00			
	Provide funds for architect to develop plans	1430		6,493.00			
	Provide funds for reproduction	1430		800.00			
	Hire a consultant to assist in preparing plan	1430		1,200.00			
	Install speed limit signs for the resident's safety.	1450		700.00			
	Install 1 guard light for the resident's safety	1450		300.00			
			l	1	1		

Attachment B

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

Part III: Implementation Schedule

PHA Name: Rising Star Housing			Type and Nur	nber			Federal FY of Grant: 200
			al Fund Progra				
		Capit	al Fund Progra	m Replacement Ho	using Factor #:		
Development Number All Fund					Il Funds Expended		Reasons for F
	Name/HA-Wide (Quart En		te)	(Q	uarter Ending Date	e)	
Activities		T	T		T	T	
	Original	Revised	Actual	Original	Revised	Actual	
TX170-001	3/31/03			3/31/04			
TX170-002	3/31/03			3/31/04			
TX170-HA	3/31/03			3/31/04			

Capital Fund Program 5-Year Action Plan

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Attachment C

⊠ Original stateme	nt Revised statement								
Development	Development Name								
Number	(or indicate PHA wide)								
TX170-001	Rising Star Housing Authority								
Description of Need	ed Physical Improvements or Management	Estimated Cost	Planned Start Date						
Improvements			(HA Fiscal Year)						
Remove existing roo	of including decking and replace with new	35,882.00	2002-2003						
Paint interior of all u	Paint interior of all units 2,000.00 2002-2004								
Remove existing inte type doors.	Remove existing interior sliding doors in all units and replace with new swing type doors. 2004								
Total estimated cost	t over next 5 years	47,892.00							

Attachment C

	7							
⊠ Original stateme	nt Revised statement							
Development	Development Name							
Number	(or indicate PHA wide)							
TX170-002	Rising Star Housing Authority							
Description of Need	ed Physical Improvements or Management	Estimated Cost	Planned Start Date					
Improvements			(HA Fiscal Year)					
Remove existing roo	of including decking and replace with new	17,941.00	2002-2003					
Paint interior of all u	Paint interior of all units 858.00 2002-2004							
Remove existing inte	rior sliding doors in all units and replace with new swing	5,005.00	2004					
type doors.								
Total estimated cost	t over next 5 years	23,804.00						

Attachment C

⊠ Original stateme						
Development	Development Name					
Number	(or indicate PHA wide)					
170-HA	Rising Star Housing Authority					
Description of Need Improvements	ed Physical Improvements or Management	Estimated Cost	Planned Start Date (HA Fiscal Year)			
Provide funds for c	computer and software upgrade	4,800.00	2002-2005			
Hire part time help	Hire part time help during CIAP 16,648.00					
Provide sundry iter	ms	3,200.00	2002-2005			
Hire an Architect/F	Engineer to develop plans and specifications	28,972.00	2002-2005			
Hire an on-site insp	pector	10,164.00	2002-2005			
Provide funds for r	eproduction	3,200.00	2002-2005			
Hire a consultant to	2002-2005					
Provide funds for r	Provide funds for maintenance equipment 3,000.00					
Total estimated cost	t over next 5 years	74,784.00				

PHA Public Housing Drug Elimination Program Plan

Note: THIS PHDEP Plan template (HUD 50075-PHDEP Plan) is to be completed in accordance with Instructions located in applicable PIH Notices.

A. Amount	of PHDEP Gra	ation/History ant \$				
		te with an "x")	N1 N2	ŀ	₹	
	hich funding					
		Annual PHDEP P				
			P Plan, including highlight			es
undertaken. It ma sentences long	ay include a descri	iption of the expected o	utcomes. The summary mu	ist not be more	than five (5)	
sentences long						
E. Target A	reas					
Complete the fol	lowing table by in		Γarget Area (development o			
			get Area, and the total number			
available in PIC.	DEP sponsored ac	ctivities in each Target.	Area. Unit count information	on snould be con	nsistent with tha	ıt
PHDEP Target			Total # of Units within	Total Popula		
(Name of develo	opment(s) or site)		the PHDEP Target Area(s)	be Served v		
			Arca(s)	Area(s		
F. Duration	of Program					
F. Duration Indicate the dura		onths funds will be req	uired) of the PHDEP Progr	am proposed ur	nder this Plan (p	lace
Indicate the dura	tion (number of m		uired) of the PHDEP Progr for "Other", identify the # o		nder this Plan (p	lace
Indicate the dura	tion (number of me he length of prog	gram by # of months. F	For "Other", identify the # of	of months).	nder this Plan (p	lace
Indicate the dura	tion (number of me he length of prog	gram by # of months. F		of months).	nder this Plan (p	lace
Indicate the dura	tion (number of me he length of prog	gram by # of months. F	For "Other", identify the # of	of months).	nder this Plan (p	lace
Indicate the dura an "x" to indicate G. PHDEP P	tion (number of me he he length of progenet to the length of progenet to the length of progenet to the length of t	gram by # of months. F 18 Months_ ry	for "Other", identify the # o	of months).		
Indicate the dura an "x" to indicate G. PHDEP P Indicate each FY	tion (number of me he he length of program History that funding has leave to the control of the	ry been received under the	24 Months PHDEP Program (place as	of months).	pplicable Year)	
Indicate the dura an "x" to indicate G. PHDEP P Indicate each FY provide amount of	tion (number of me he length of program History that funding receive	ry deen received under the d. If previously funded	24 Months 24 PHDEP Program (place and programs have not been cl	of months). "x" by each aposed out at the	oplicable Year) time of this	and
Indicate the dura an "x" to indicate of the dura an "x" to ind	tion (number of me he he length of program History that funding has been funding receive eate the fund balary	ry been received under the d. If previously funded are and anticipated com	24 Months PHDEP Program (place as	of months). n "x" by each aposed out at the ances should re	oplicable Year) time of this flect the balance	and e as
Indicate the dura an "x" to indicate of PHDEP P Indicate each FY provide amount of submission, indicate of Submission.	tion (number of me he he length of progenical Months	ry been received under the d. If previously funded ace and anticipated com EP Plan. The Grant Te	24 Months PHDEP Program (place and programs have not been clapletion date. The Fund Bal	of months). n "x" by each aposed out at the ances should re	oplicable Year) time of this flect the balance	and e as
G. PHDEP P Indicate each FY provide amount of Date of Submi waivers. For gran	tion (number of me he length of program History that funding has lost funding receive cate the fund balar ission of the PHD) at extensions received.	ry been received under the d. If previously funded ace and anticipated com EP Plan. The Grant Te ved, place "GE" in colu	24 Months 24 Months PHDEP Program (place and programs have not been clapletion date. The Fund Ballerm End Date should include amn or "W" for waivers.	of months). n "x" by each aposed out at the ances should ree any HUD-app	oplicable Year) time of this flect the balance roved extension	and e as as or
G. PHDEP P Indicate each FY provide amount of Date of Submission, indicof Date of Submission. For grant of Fiscal Year of	tion (number of me he length of prose 12 Months Program Histor that funding has lead funding receive eate the fund balar ission of the PHDI not extensions receive	ry been received under the d. If previously funded ace and anticipated com EP Plan. The Grant Te	24 Months PHDEP Program (place and programs have not been clapletion date. The Fund Baltrm End Date should include	of months). n "x" by each aposed out at the ances should re	oplicable Year) time of this flect the balance	and e as
G. PHDEP P Indicate each FY provide amount of Date of Submission, indicate of Submissions. For grant of Submissions of Date of Submissions.	tion (number of me he length of program History that funding has lost funding receive cate the fund balar ission of the PHD) at extensions received.	ry been received under the d. If previously funded ace and anticipated com EP Plan. The Grant Te ved, place "GE" in colu	24 Months 24 Months 29 PHDEP Program (place and programs have not been clapletion date. The Fund Balarm End Date should include turn or "W" for waivers. Fund Balance	of months). n "x" by each aposed out at the ances should ree any HUD-app	oplicable Year) time of this flect the balance roved extension	and e as as or Grant Tern

Section 2: PHDEP Plan Goals and Budget

FY 1995 FY 1996 FY 1997 FY 1998 FY 1999

A. PHDEP Plan Summary

In the space below, summarize the PHDEP strategy to address the needs of the target population/target area(s). Your summary should briefly identify: the broad goals and objectives, the role of plan partners, and your system or process for monitoring and evaluating PHDEP-funded activities. This summary should not exceed 5-10 sentences.

B. PHDEP Budget Summary

Enter the total amount of PHDEP funding allocated to each line item.

FFY PHDEP Budget Sun	 nmary
Original statement	
Revised statement dated:	
Budget Line Item	Total Funding
9110 – Reimbursement of Law Enforcement	
9115 - Special Initiative	
9116 - Gun Buyback TA Match	
9120 - Security Personnel	
9130 - Employment of Investigators	
9140 - Voluntary Tenant Patrol	
9150 - Physical Improvements	
9160 - Drug Prevention	
9170 - Drug Intervention	
9180 - Drug Treatment	
9190 - Other Program Costs	<u>-</u>
TOTAL PHDEP FUNDING	

C. PHDEP Plan Goals and Activities

In the tables below, provide information on the PHDEP strategy summarized above by budget line item. Each goal and objective should be numbered sequentially for each budget line item (where applicable). Use as many rows as necessary to list proposed activities (additional rows may be inserted in the tables). PHAs are not required to provide information in shaded boxes. Information provided must be concise—not to exceed two sentences in any column. Tables for line items in which the PHA has no planned goals or activities may be deleted.

9110 – Reimbursement of Law Enforcement				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDE	Other Funding	Perfo
_	Persons	Population	Date	Complete	P	(Amount/	
	Served	<u> </u>		Date	Funding	Source)	
1.							
2.							
3.							

9115 - Special Initiative				Total PHD	EP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Per
	Persons	Population	Date	Complete	Funding	(Amount/	
	Served	_		Date		Source)	
1.							

2.					1		
3.							
0116 C D	A N/I - 4 - 1.				Total DHD	DEP Funding: \$	
9116 - Gun Buyback T.	A Match				10tai i iii	El Funding. 5	
Goal(s)					/-		
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Perf
	Persons Served	Population	Date	Complete	Funding	(Amount /Source)	
1.	Served			Date	+		
2.			-		+		
3.							
<i>J.</i>							
0100 G 4: D					T-4-1 DIID	NED E 1	
9120 - Security Personi	nel				Total PHD	EP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDE		
	Persons	Population	Date	Complete	Funding	g (Amount /Sour	rce)
1	Served			Date			
1. 2.							
3.							
3.							
					11		
9130 – Employment of	Investigators				Total PHI	DEP Funding: \$	
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDE	P Other Fundi	ng
	Persons	Population	Date	Complete	Fundin	g (Amount /Sou	rce)
	Served		_	Date			
1.							
2.							
3.							
0140 Voluntary Tono	ant Datual				Total PHI	DEP Funding: \$	
9140 – Voluntary Tena	int I ati oi				100011111	JEI Tunuing. ψ	
Goal(s)							
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDE		
	Persons Served	Population	Date	Complete Date	Fundin	g (Amount /Sour	rce)
1.	Served		+	Date			
2.					+		
3.			+				
	I		<u> </u>	<u> </u>	1	I	<u> </u>
9150 - Physical Improv	rements				Total PHI	DEP Funding: \$	
Goal(s)					<u> </u>		
Objectives	I						

Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perfo
1.							
2.							
3.							

9160 - Drug Prevention					Total PHDE	P Funding: \$	
Goal(s)					1		
Objectives							
Proposed Activities	# of	Target	Start	Expected	PHEDEP	Other Funding	Perfo
_	Persons	Population	Date	Complete	Funding	(Amount /Source)	
	Served			Date			
1.							
2.							
3.							

9170 - Drug Intervention					Total PHDEP Funding: \$		
Goal(s)							
Objectives							
Proposed Activities	# of Persons Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Per
1.							
2.							
3.							

9180 - Drug Treatment				Total PHDEP Funding: \$			
Goal(s)							
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perforr
1.							
2.							
3.							

9190 - Other Program Costs				Total PHDEP Funds: \$			
Goal(s)				·			-
Objectives							
Proposed Activities	# of Person s Served	Target Population	Start Date	Expected Complete Date	PHEDEP Funding	Other Funding (Amount /Source)	Perfor
1.							

ii		1	1	1
2.				
3.				

Required Attachment \underline{D} : Resident Member on the PHA Governing Board

1.	⊠Yes No:	Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)					
A.	A. Name of resident member(s) on the governing board:						
	Susie Smith						
B.	How was the reside. □Electe Appo						
C.	The term of appoint	ment is (include the date term expires): 9/00 to 9/02					
2.	assisted by the F	PHA, why not? The PHA is located in a State that requires the members of a coverning board to be salaried and serve on a full time basis the PHA has less than 300 public housing units, has provided easonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any esident of their interest to participate in the Board. Other (explain):					
В.	Date of next term e	expiration of a governing board member: 9/02					
C.	Name and title of ap official for the next	opointing official(s) for governing board (indicate appointing position):					
Iaı	nes Cook - Mayor						

Required Attachment <u>E:</u> Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

The Rising Star Housing Authority Residents Advisory Board on Monday, October 30, 2000. The meeting was conducted the housing authorities office.

This meeting was held in order to discuss the Rising Star Five Year/Annual Plan. The Committee consisted of the following residents:

Mr. Donald Alldredge - 602 A. Parker

Mr. Sammie Stewart - 108 B. Dill

Rachael Coleman - 110 B. Gipson

Mrs. Susie Smith - 108 B. Gipson

Mr. Billie Dalton - 107 B. Carter

Mr. Gregg Stone - 602 B. Parker

At this meeting the following suggestions were given by the committee, for the coming year:

- A. Install new door locks on all apartments and for everyone to pay a deposit of \$25.00 for the door key.
- B. Post reduced speed limit signs in the development to promote a safer environment for children at play.
- C. Do more work to eradicate grass burrs, and fire ants.
- D. Comments were made about the pet policy and were happy that not just the elderly residents were allow having pets.
- E. Comments were made about having more police patrol the area and suggested another guard light in the development for safety reasons.
- F. Other comments made were residents should smoke outside their houses to reduce smoke damage from the residue left on the walls by cigarettes, therefore reducing the cost of repainting. Residents who are going to drink alcoholic beverages, such as beer, to do so indoors to leave a better impression of the development, and the residents who live here. Residents should not pour flammable liquids on the ground or in the street. That cardboard boxes

thrown in the dumpster should be broke down, folded flat, and laid beside the dumpster to be picked up. Also, small children in the development and suggested that small children should not run in the development without supervision.

Required Attachment <u>F:</u> EXPLANATION OF PHA RESPONSE TO COMMENTS OF RESIDENT ADVISORY

Rising Star Housing Authority has included the following items that were requested by the Resident Advisory Board Members into their Annual Plan as follows:

Capital Fund 2001 has included the plan to install door locks, install new reduced speed signs and install 1 security light.

Eradication of grass burrs and fire ants is an on going treatment that is in our operating budget.

Other Comments were discussed and the Rising Star Housing Authority felt that these comments were invalid.